

COMMONWEALTH OF KENTUCKY
 DEPARTMENT FOR NATURAL RESOURCES
 DIVISION OF OIL AND GAS
 300 SOWER BLVD
 FRANKFORT, KY 40601
 502-573-0147



ANNUAL DISPOSAL OR INJECTION WELL MONITORING REPORT

Salt Water Disposal Secondary Recovery Hydrocarbon Storage

Well Owner/Operator _____

Permanent Address _____
STREET CITY STATE ZIP

Phone _____ Email _____

D.O.G. Permit No _____ EPA Identification No KYS _____

Mineral Owner Name _____ Well No _____ County _____

Carter Coordinate Location
 FNL FEL
 FSL FWL SEC _____ LETTER _____ NUMBER _____

Month	Year	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING-CASING ANNULUS PRES. (Optional Monitoring)	
		Average PSIG	Maximum PSIG	BBLS.	MCF	Minimum PSIG	Maximum PSIG
Jan.							
Feb.							
March							
April							
May							
June							
July							
August							
Sept.							
Oct.							
Nov.							
Dec.							

CERTIFICATION

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete.

If any entity other than a sole proprietorship, signatory must be an officer of the entity or provide power of attorney to execute documents. If a sole proprietorship, signatory must be same or provide power of attorney to execute documents.

Signature of Operator _____ Title _____

Printed Name _____ Date _____

Sworn To and Subscribed Before Me This _____ Day of _____, 20 _____

 My Commission Expires Notary Public